

rating reform, no more rescissions, et cetera. So this is a very good deal.

I would like to say one word, too, on health care cost reduction. A lot of Senators have quoted an article by Dr. Gawande from *The New Yorker* magazine—I think it was dated June 2—explaining the phenomenon of geographic variations in this country and why health care costs are much higher in some parts of America and much lower in other parts of America, which is due mostly to the way we pay health care providers and doctors in the system, therefore explaining the basic reason there is so much waste in the American health care system.

Dr. Gawande published another article in *The New Yorker* a week or 2 ago, and in that article he basically says of all the ideas that have been suggested by economists, by practitioners, by providers, and people worried about the rise of health care costs in America, all of the ideas are in this legislation. They are all in here. All the ways to work to start to lower health care costs are in this legislation.

He also says the pilot projects and the demonstration projects in this legislation are good because you have to work a little bit, you have to experiment a little, you have to try this and try that to see where bundling works and see where it does not work. But the provisions are there.

We can all be quite confident that this administration is going to do its level best to make sure these projects work—that is the bundling, the moving toward quality as a basic reimbursement in the way of quantity. The administration is going to work very hard to make sure they work. I will say, too, as chairman of the Finance Committee, the committee of primary jurisdiction over these subjects, that we are going to have a lot of oversight hearings next year because it is very much in the interest of the American people to make sure this legislation works and works very well. Clearly, with aggressive oversight hearings next year we can help make sure that happens.

One other point. This bill represents a net tax cut, not a tax increase—a net tax cut for individuals, not a tax increase. Why do I say that? I say that because that is what the Joint Committee on Taxation says. What is the Joint Committee on Taxation? It is a committee, an organization in Washington that serves both the House and the Senate. It serves Republicans and Democrats. There is not one iota of partisanship in it. It is totally objective, very solid, very confident. They are the outfit we rely on when we write tax legislation.

Basically, they say by the year 2019, Americans will see a net tax cut of \$40 billion, and that tax cut is equal to an average tax decrease of more than \$440 per affected taxpayer. And for low- and middle-income taxpayers making less than \$200,000, this cut is even greater. The average tax credit is equal to more

than \$640 per affected taxpayer in the year 2019.

To repeat: This bill, according to the Joint Committee on Taxation, is a net tax cut for individuals—a cut, not an increase but a cut—almost as great as the 2001 tax cut. Many of us know how great that was. This is the biggest tax cut since 2001—this legislation.

I also want to discuss a couple other points. A lot of people say: Well, gee, some of this does not take effect for several years. Let's go through what takes effect right away, in 2010. What are the provisions that take effect right away? I will read the list.

The first is—the fancy term is “pools”—to help people with pre-existing conditions get access to health insurance even before the actual denial of preexisting conditions kicks in. There is \$5 billion of Federal support for higher risk pools providing affordable coverage to uninsured persons with preexisting conditions. That takes effect right away.

Second, reinsurance for retiree health benefit plans. Basically, that means there is immediate access to Federal reinsurance for employer plans providing coverage for early retirees—for ages between 55 and 64. Essentially, that means extra dollars are available for the outliers. That is a fancy term for saying the high-cost people in that age group—55 to 64.

In addition, we extend dependent coverage for young adults. Today, a young couple buys health insurance for themselves and their kids, and once the child is 21 there is no more health insurance. We raise that level to the age of 26 so that person can stay with the family and have the family's health insurance.

Moreover, this legislation requires that health insurers must provide prevention and wellness benefits but no deductibles and no cost-sharing requirements. That, too, will help quite a bit. That takes effect right away.

Moreover, right away, in 2010, the legislation prohibits insurers from imposing annual and lifetime caps. Not later but right away there is a prohibition against insurers from imposing annual lifetime dollar limits—a big problem today.

Moreover, right away, this legislation will stop insurers from nullifying or rescinding health insurance policies when claims are filed. Rescissions are a big problem today. In 2010, when this legislation passes, no more rescissions of health care policies.

Moreover, this legislation sets minimum standards for insurance overhead costs to ensure that most premium dollars are spent on health benefits, not costly administration or executive compensation and profits. We also require public disclosure of overhead and benefit spending and premium rebates. That is right away.

What about small business persons—small businessmen? This legislation offers tax credits to small businesses with low wages to make covering their

workers more affordable. It takes effect in 2010, and credits of up to 50 percent of insurance premiums will be available to firms that choose to offer coverage.

I might also say there are stronger small business provisions, too, that I am quite certain will be in the managers' amendment. Greater incentives to the tune of about \$12 billion to \$13 billion for small businesses will be in this legislation and will also be in the managers' amendment.

Moreover, what will take effect next year, not later, is we have closed the coverage gap for the Medicare drug benefit. Basically, that means we have closed the doughnut hole—we are starting to close the doughnut hole. Seniors pay very high prices for brand-name drugs if they are in that so-called doughnut hole. We close it so that seniors don't have to pay those high prices anymore.

There is public access to comparable information, more transparency, and I could go on and on and on. There are many provisions which take effect right away and not at a later date.

Mr. President, I believe that debate is drawing to a conclusion on the four matters under consideration. We may be able to have votes as soon as 5:30.

I see my colleagues from Kansas and Iowa on the Senate floor, and I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas is recognized.

Mr. BROWNBACK. Mr. President, I ask unanimous consent to use 5 minutes of Senator MCCONNELL's time—the Republican leader's time.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BROWNBACK. Mr. President, I thank my colleagues for this opportunity to address the Lautenberg amendment and speak in favor of the Lautenberg amendment.

I oppose the base bill. I oppose the bill overall. I have spoken a number of times in opposition to the overall bill. It is way too expensive, it cuts Medicare, raises taxes, and inserts the funding of abortion, which is something we haven't looked at in 30 years. The Hyde language has not allowed funding of abortion, and instead this does and puts it in, and I think it will result in poorer health care for a number of Americans.

But the issue I rise on today is on the Lautenberg amendment, and in support of the Lautenberg amendment. This is an amendment we have seen in this body four times previously over the last 10 years. Each time the Lautenberg amendment has passed overwhelmingly, and that is because of the safety concerns for drugs coming into the United States.

I would note that Secretary Sebelius, Secretary of HHS—Health and Human Services—who before being named to this position was the Governor of the State of Kansas for 6 years, with whom I worked over the years, through her office has stated they cannot basically certify the safety of these drugs.